



**BUILDING CODE COMPLIANCE OFFICE  
PRODUCT CONTROL DIVISION**

TELEPHONE (305) 375-2902 FAX (305) 372-6339

**MIAMI-DADE COUNTY, FLORIDA  
METRO-DADE FLAGLER BUILDING  
140 WEST FLAGLER STREET, SUITE 1603  
MIAMI, FLORIDA 33130-1563**

## **PRODUCT CONTROL APPLICATION FOR HOURLY RATE SERVICES**

**This application is required to request the issuance of a one-time Notice of Acceptance (NOA), Review of a Proposal, Association Product Submittal, and any other special service provided by our office. Please type or print all the information requested and sign on the back side of the application in the space provided.**

### **APPLICANT'S INFORMATION**

(1) Legal Name of Applicant: \_\_\_\_\_

The name of the applicant must be the legal name.

(2) Address: \_\_\_\_\_

(3) City, State, Zip Code: \_\_\_\_\_

(4) Name & Title of Contact Person: \_\_\_\_\_

(5) Telephone / Fax Number: \_\_\_\_\_

### **PURPOSE OF APPLICATION**

(6) Check only applicable box

Please see back of application for definitions

☐ **One-Time NOA**

Address where product will be installed: \_\_\_\_\_

Name of product or system: \_\_\_\_\_

Name of product's manufacturer: \_\_\_\_\_

Address of product's manufacturer: \_\_\_\_\_

☐ **Proposal:**

Name of product or system to evaluate: \_\_\_\_\_

☐ **Association Product Submittal**

Name of product or system: \_\_\_\_\_

☐ **Special Services**

Specify:

☐ Additional Review for file No. \_\_\_\_\_

☐ Group Testing (Product) \_\_\_\_\_

☐ Other (Specify) \_\_\_\_\_

(7) Fees: Initial payment is not required when application is filed. An invoice will be generated upon completion of review requested. When invoice is received, make check payable to "Miami-Dade County, Building Code Compliance Office". The legal name of the applicant must be printed on the check.

### **THIS SPACE IS FOR THE USE OF THE BUILDING CODE COMPLIANCE OFFICE ONLY**

Application Number: \_\_\_\_\_

Date Received: \_\_\_\_\_

## FILING INSTRUCTIONS/DEFINITIONS

Applications must be completely filled out by the applicant seeking the acceptance or requesting review. The applicant must submit with this application all documents listed in the applicable checklist(s) and a cover letter accurately detailing the requested review. Applicants wishing to obtain an expedited one-time NOA review need to provide a statement in cover letter requesting the file to be expedited and agree to pay any additional review charges for expediting.

See the 'Product Control Application for NOAs and Laboratory Certification' and the 'Product Control Application for Certificate of Competency' for additional instructions regarding the Product Control Approval Process.

- **One-Time NOA:** A document prepared by the Product Control Division, accepting the applicant's request for a one-time use of a product or system. One-Time NOAs can be issued to manufacturers, contractors, designers and end users of a product or system.
- **Proposal:** A submittal outlining proposed testing or process for the qualification of a product line, alternate product, or system.
- **Association Product Submittal:** A request for the issuance of a master NOA for a product and/or system for use by association members.
- **Special Services:** Reviews or evaluations that go beyond the established standards of the office and are based on actual staff time and cost.

## FEE SCHEDULE

|   |                |
|---|----------------|
| A) Application issuance of an NOA   |                |
| 1. New application, including those under Private Labeling Agreement valid up to 5 years..... | \$3,500.00     |
| 2. Revision valid up to expiration date of original NOA.....                                  | \$1,000.00     |
| 3. Renewal , prior to expiration date valid up to 5 years.....                                | \$1,000.00     |
| 4. Renewal after expiration date valid up to 5 years.....                                     | \$3,500.00     |
| B) Application for issuance of Laboratory Certificate   |                |
| 1. New Application valid up to 5 years.....   | \$3,500.00     |
| 2. Revision valid up to expiration date of original Certificate.....                          | \$400.00       |
| 3. Renewal, prior to expiration date valid up to 5 years.....                                 | \$400.00       |
| 4. Renewal after expiration date valid up to 5 years.....                                     | \$3,500.00     |
| C) Review of Distributor Agreement.....   | \$400.00       |
| D) Other fees   |                |
| 1. Special Project to include: (Use blue application).....                                    | Hourly rate of |
| a) One-time Approval  | \$75.00        |
| b) Review of Proposal   |                |
| c) Review to create criteria  |                |
| 2. Certificate of Competency valid up to 1 year (Use green application).....                  | \$400.00       |
| 3. Review of alternate type of products, material or method of design valid up to 1 year..... | \$3,500.00     |

**Note:** This office is authorized to collect:

- a) Travel expenses incurred in the process of conducting inspections.
- b) Recording fees from the applicant in connection with those matters to be recorded.
- c) A fee based on actual staff time and cost for matters that are extraneous to its activities.

## ACKNOWLEDGMENT

The information provided with this submittal, is true and correct to the best of my knowledge and belief. I understand that any information that I provide Miami-Dade County, is subject to public inspection and release under the public records law of the State of Florida, FS 119. Drawings and/or any other design information, not included in the NOA, may be subject of federal copyright protection. (It is the administrative policy of The Building Code Compliance Office to notify you when a request has been made to review the information in our files. Copyrighted material may not be duplicated or knowingly made available for duplication without the permission of the holder of the copyright.) I further state that I am in agreement with all the conditions listed herein.

\_\_\_\_\_  
Print Name and Title of Authorized Representative

\_\_\_\_\_  
Signature of Authorized Representative

\_\_\_\_\_  
Date